



Docket: A-67209-4/RMS/DCF
[469420-47]
Express Mail No. EV 298966952 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	WALT, <i>et al.</i>	
Appln. No.:	09/816,651	
Filed:	March 23, 2001	Examiner: Betty J. Forman
Title:	Methods for Detecting Target Analytes and Enzymatic Reactions	Group Art 1634 Unit:

AMENDMENT AND RESPONSE

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The following amendments and remarks are submitted in response to the Office Action in the above-identified case mailed on December 4, 2003.

Amendments to the Specification begin on page 2 of this paper.

Detailed Claim Listing begins on page 3 of this paper.

Remarks begin on page 8 of this paper.

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PATENT

Attorney Docket No.: A-67209-4/RMS/DCF (469420-47)
Express Mail No. EV 298966952 US
Date of Deposit: March 31, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Examiner: B. J. FORMAN

WALT, *et al.*

Group Art Unit: 1634

Serial No.: 09/816,651

Filing Date: March 23, 2001

For: **METHODS FOR DETECTING TARGET
ANALYTES AND ENZYMATIC REACTIONS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Response to Office Action in the above-referenced application.

The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment	(Col.2) Minus	(Col. 3) Highest Previously Paid for	(Col. 4) Present Extra	SMALL ENTITY RATE	FEE	OTHER THAN SMALL ENTITY RATE	FEE
TOTAL CLAIMS	46	—	42	3	x 9 =	\$0	x 18 =	\$27
INDEP. CLAIMS	4	—	4	0	x 43 =	\$0	x 86 =	\$0
[] Multiple Dependent Claim Presented and Fee Not Previously Paid					+145 =	\$0	+290 =	\$0
* If the entry in Col. 1 is less than the entry in Col. 3, type "0" in Col. 4.					TOTAL:	\$0	TOTAL:	\$27
** If the "Highest Number Previously Paid For" in this space is less than 20, type "20" in this space.								

[] No additional fee is required.

[✓] Our Check No. 301267 in the amount of \$82.00 which includes the one-month extension of time and extra claims fees is enclosed.

[✓] Also enclosed is/are: 1) Petition for Extension of Time (1 month) 2) Power of Attorney and 3) Return Receipt Postcard.

[] Please charge the above-calculated fee in the amount of \$_____ to Deposit Account No. 50-2319, referencing Order No. A-_____.

[✓] Please charge any additional fees, including extension fees, or credit any overpayment to Deposit Account No. 50-2319, referencing Order No. A-67209-4/RMS/DCF (469420-47).

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Respectfully submitted,

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Attorney for Applicant(s)
Filed under 37 C.F.R. §1:34(a)